

SIX FLAGS NEW ENGLAND	
SUBJECT: RESPIRATORY PROTECTION	SAFETY REFERENCE MANUAL
SECTION: 30	
EFFECTIVE: January 2016	SUPERSEDES: ALL PREVIOUS
CFR #: 29 CFR 1910.134 – <i>Subpart I</i>	

30.1 PURPOSE

To establish guidelines for the proper selection, use, and care of respiratory protection equipment for affected park employees.

30.2 POLICY

Employees working in areas that require respiratory protection equipment will do so as a condition of employment. Employees who are required to use respirators will be properly fitted, appropriately tested, medically screened, and trained in their use.

30.3 MEDICAL REQUIREMENTS

Employees will not be assigned tasks requiring the use of a respirator unless it has been medically determined that they are physically able to wear the respirator.

A Physician's Written Opinion of Respiratory Clearance furnished by the examining physician will be maintained in the employees First Aid file throughout the employee's term of employment plus 30 years. The Written Opinion will include the following: the results of the examination, any conditions discovered by the physician that will prohibit the employee from using a respirator, and any recommendation from the physician regarding the employee's limitations.

30.3.1 Medical Evaluation

Employees who are either required to wear respirators must pass a medical exam before being permitted to wear a respirator on the job. Employees are not permitted to wear respirators until a physician has determined that they are medically able to do so. Any employee refusing the medical evaluation will not be allowed to work in an area requiring respirator use.

A licensed physician at the Family Medical Center will provide the medical evaluations at no expense to our employees. Medical evaluation procedures are as follows:

- The medical evaluation will be conducted using the questionnaire provided by the Family Medical Center. The Safety department will provide a copy of this questionnaire to all team members requiring medical evaluations (Appendix B & C).
- All affected employees will be given a copy of the medical questionnaire to fill out, along with an addressed envelope for mailing the questionnaire to the

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company the Family Medical Center. Employees will be permitted to fill out the questionnaire on company time.

- Follow-up medical exams will be granted to employees as required by the standard, and/or as deemed necessary by the Family Medical Center.
- All employees will be granted the opportunity to speak with the physician about their medical evaluation, if they request to.
- Any employee required for medical reasons to wear a positive pressure air-purifying respirator will be provided with a powered air-purifying respirator.
- After an employee has received clearance and has successfully complete fit testing, and has begun to wear his or her respirator, additional medical evaluations will be provided under the following circumstances:
 - Employee reports signs and/or symptoms related to their ability to use a respirator, such as shortness of breath, dizziness, chest pains, or wheezing.
 - The Family Medical Center clinic physician or supervisor informs the Program Administrator that the employee needs to be reevaluated;
 - Information from this program, including observations made during fit testing and program evaluation, indicates a need for reevaluation;
 - A change occurs in workplace conditions that may result in an increased physiological burden on the employee.

All examinations and questionnaires are to remain confidential between the employee and the physician. A copy of the Physician's Written Opinion of Respiratory Clearance shall be furnished to the employee by the Park within thirty (30) days of its receipt by the Park.

30.4 RESPIRATOR SELECTION

In selecting the correct respirator for a job, the following factors must be taken into consideration:

A. Nature of the Hazard

In order to make appropriate respirator choices, the nature of the inhalation hazard must be identified. This includes the potential for oxygen deficiency, physical properties of the hazard, chemical properties of the hazard, physiologic effects on the body, actual concentrations of the toxic substances, the Permissible Exposure Limits (PEL) or Threshold Limit Values (TLV), and the warning properties.

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B. Nature of the Hazardous Operation

For proper respirator selection, it is necessary to know the details of the operations which create the hazard. These include operation or process characteristics, work area characteristics, materials used or produced during the process, the activities of the associate, and any abnormal situations which may affect respirator selection.

C. Respirator Characteristics, Capabilities, and Limitations

This information can be found in the ANSI standards, as well as from reading the manufacturer's information on the particular equipment being used.

D. Facial Hair

Facial hair growth that interferes with the face-to-face piece seal is not permitted. All employees that are required to wear respirators shall remove facial hair in the seal area and remain clean-shaven until respirators are no longer mandatory.

Respirators are selected by the appropriate department management, with final approval of the Safety Department. The Park will provide each employee who is required to wear a respirator a choice of respirators in a variety of sizes from at least two different manufacturers. Respirators will be assigned to individual employee for their exclusive use.

30.5 FITTING AND FIT TESTING REQUIREMENTS

30.5.1 Fitting

After selecting a respirator, the employee will be instructed how to put on the respirator, how to set strap tension, and how to determine proper fit. The specific manufacturer's instructions will be used to provide the employee with this information.

30.5.2 Fit Testing Requirements

Respirator fit shall be tested at least annually, with the exception of employee who work or have a potential to work with asbestos. These employees will be fit-tested every six months. Departments that require respirators and fit testing are:

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VOLUNTARY AND REQUIRED RESPIRATOR USE AT SIX FLAGS	
<i>Respirator</i>	<i>Department/Process</i>
Filtering face piece (dust mask)	Voluntary use for all team members/ sweeping and cleaning
Half-masks APR multi-purpose p100 filter	Fiberglass Shop, Paint Shop, Sign Shop, Landscaping (Supervisors) Fiber glassing, grinding, cutting
Continuous flow SAR with hood	Spray booth operations, fiber glassing

Fit testing shall be repeated more often than once a year if the employee has any of the following conditions:

- weight loss or gain of 20 pounds or more
- significant facial scarring in the area of the face piece
- significant dental changes
- reconstructive or cosmetic surgery

30.5.3 Field Tests

There are two tests that are used to check the seal of the respirator. These tests are known as the positive and negative pressure sealing tests. Each of these two tests must be performed every time a respirator is donned and prior to entering a contaminated area.

A. Positive Pressure Test

This test only applies to respirators which have an exhalation valve which can be blocked. The exhalation valve cover may have to be removed for the test.

1. Close or block off the exhalation valve.
2. Exhale gently into the face piece.
3. If a slight positive pressure is built up with no apparent outward leakage around the seal, then the face-to-face piece seal is satisfactory.

B. Negative Pressure Test

1. Close the inlet opening or hose of the respirator face piece with hand(s), tape, or other means.

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2. Inhale gently so that the face piece collapses slightly and hold the breath for 10 seconds.
3. If the face piece remains slightly collapsed and no inward leakage occurs, then the face-to-face piece seal is satisfactory.

NOTE: Although both the positive and negative pressure tests are considered good practice and should always be used prior to entering a contaminated area, they are recognized solely as field tests and cannot be substituted for qualitative or quantitative tests.

30.6 TRAINING

Respirators shall not be issued to employees who have not received appropriate respirator training and who do not have a current Physician's Written Opinion of Respiratory Clearance on file. Respirators will not be issued by the Park to non-company personnel.

30.6.1 Training Program

Every employee who may have to wear a respirator shall be trained in the proper use of the respirator. Both the employee and the employee's supervisor shall receive the training.

The basic respirator training program must include:

- A. Explanation of the problems of improper use of a respirator.
- B. Discussion of the nature of the airborne contaminants against which the associate must be protected.
- C. Instruction on the respirator's limitations, emphasizing such things as oxygen deficiency, respirator protection factors, and cartridge changing frequency.
- D. Instruction on the respirator, how it should be positioned on the face, how to set strap tension, and how to wear the respirator comfortably.
- E. Instruction on the proper care and maintenance of the respirator.
- F. Field training to recognize and cope with any type of emergency while using a respirator.

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- G. Instruction on how to inspect the respirator and assure proper operating condition.
- H. An explanation of the difference between air-purifying and supplied air respirators and how their use is controlled by the contaminant concentration, warning properties, and cartridge capability.
- I. Discussion on the value of medical surveillance and air monitoring.

Instruction on the method of fit testing used and the proper way to conduct positive and negative pressure tests. During this instruction, the wearer must understand that the respirator cannot be used when a satisfactory face-to-face piece seal is not achieved. If this cannot be corrected, the associate cannot be allowed in the hazardous area.

- K. Instruction on the unacceptability of altering or mixing parts from one model or manufacturer's respirator with parts from another model, and that doing so voids the certification of the respirator and its effectiveness.

30.6.2 Respirator Training Records

Upon completion of the basic respirator training program, the employee will be required to read and sign a Respirator Training Record (Appendix A), attesting they have received the basic training program and that they feel confident in their ability to use the respirator properly. The signed and dated Respirator Training Record will then become a part of the employees file and will be retained for a period of thirty (30) years following the last day of the employee's employment at Six Flags. These files will be kept in the Safety Department.

30.7 CARE AND MAINTENANCE OF THE RESPIRATOR

Employees who are required to wear respirators shall be adequately trained in the care and maintenance of the respirator equipment they use. Substitution of parts from different brands or types of respirators invalidates approval of the respirator device. Repairs and adjustments should never be made beyond the manufacturer's recommendations. Under no circumstances should a chemical or substance be used to clean or disinfect a respirator unless that chemical or substance has been recommended and approved for use by the manufacturer of the respirator.

30.7.1 Inspecting the Respirator

All respirators should be inspected before and after use to assure that they are in

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satisfactory working condition. A general inspection checklist should include the following:

- A. Tightness of connections.
- B. Condition of face piece, snaps, connecting tubes, and cartridges.
- C. Condition of exhalation and inhalation valves. If the sides of the exhalation valve gap even slightly, it must be replaced with a new valve.
- D. Pliability and flexibility of rubber parts. Deteriorated rubber parts must be replaced. Unused rubber parts should be worked, stretched, and manipulated.
- E. Condition of lenses should be checked. Lenses must be tight. Scratched or damaged lenses must be replaced.
- F. On self-contained breathing apparatus, the charge of the compressed air cylinders should be checked to ensure they are fully charged.
- G. Proper functioning of regulators and warning devices.
- H. On supplied air respirators, the compressor, warning devices, hoses, and attachments must be checked before each use to ensure they are in proper working order.

Frequent and random inspections shall be conducted by the Safety Department. These inspections will assure that respirators are properly selected, fitted, used, cleaned, and maintained.

30.7.2 Cleaning the Respirator

Respirators must be cleaned and disinfected after use by each individual. The following general procedures are recommended for cleaning and disinfecting respirators. Be sure to follow the manufacturer's procedures for the particular respirator used.

- A. If required, remove and discard any filters or cartridges.
- B. Wash face piece and breathing tube in recommended detergent and warm water or in a cleaner/disinfectant solution. Use a soft brush to facilitate removal of dirt. A two-minute immersion of the respirator in the disinfectant solution is sufficient for disinfection.
- C. Rinse completely in clean, warm water.

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- D. Air dry in clean air.
- E. Clean out other parts as recommended by the manufacturer.
- F. Inspect the valves, head straps, and other components, and replace with new parts if defective.
- G. Place face piece in a clean, dry plastic bag or container for storage in an assigned area.
- H. Insert new filters or cartridges prior to use, assuring that the seals are tight.

30.7.3 Filter and Cartridge Change Schedule

OSHA allows three valid ways to estimate a cartridge's service life: Conduct experimental tests, manufacturer's recommendation, or a math based model. Six Flags will use the manufacturer's recommendations five step model (Appendix D). The results of the manufacture recommendations will be maintained in safety department files.

30.7.4 Storing the Respirator

When not in use, and after being cleaned, respirators must be stored individually in sealed plastic bags, away from dust, sunlight, heat, extreme cold, excessive moisture, and damaging chemicals.

30.8 PROGRAM EVALUATION

This program will be evaluated annually by the Safety Department. Questions or concerns should be addressed to the Safety Department.

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Appendix A

Respirator Training Record

Employee's Name: _____ S. S. No. _____

Your signature on this Respirator Training Record will attest that you have received and that you understand the basic respirator training program which both SIX FLAGS NEW ENGLAND and the Occupational Safety and Health Administration (OSHA) require as part of their Respiratory Protection Standard, 29 CFR 1910.134. The basic respirator training program consists of the following items:

1. An explanation of the problems involved in misusing the respirator. -
2. A discussion of why engineering could not be used effectively and, as a result, respiratory protection equipment is required.
3. How and why this particular respirator was chosen for this specific job.
4. The limitations of the respirator that has been selected.
5. How to put on the respirator and properly adjust the face piece and tension straps.
6. How to wear the respirator.
7. What the essential points of the care and maintenance program are.
8. How to recognize and handle emergencies.
9. How to inspect the respirator.
10. When to use an Air Purifying Respirator.
11. When a Type C Supplied-Air Respirator is required.
12. The purpose of the medical evaluation.
13. How Six Flags Great America conducts a proper fit-test.

I have received and I understand the above training.

Employee's Signature: _____ Date: _____

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Appendix B

OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

Appendix C to §1910.134 (Mandatory): OSHA Respirator Medical Evaluation Questionnaire

To the employer: Answers to questions in Section 1, and to question 9 in Section of Part A, do not require a medical examination.

To the employee: Can you read (circle one)? **Yes** **No**

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Appendix C

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PART A: SECTION 1 (MANDATORY)		
The following information must be provided by every employee who has been selected to use any type of respirator. <i>Please print.</i>		
Name:		Today's Date:
Employer:		Job Title:
SS Number:	Birth Date:	Age (to nearest year):
SEX (circle one): Male Female	Height: _____ feet _____ inches	Weight: _____ pounds
List a telephone number where you can be reached by the health care professional that reviews this questionnaire. (Include Area Code): _____		
Best time to phone you at this number: _____ a.m. _____ p.m.		
Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes No		
Check the type(s) of respirator(s) you will use (you can check more than one category): <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Half-mask (6 oz) </div> <div style="width: 48%;"> <input type="checkbox"/> Full-face (1 lb.) </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Disposable respirator (N, R, or P Disposable) </div> <div style="width: 48%;"> <input type="checkbox"/> PAPR (1 lb.) Powered Air Purifying Respirator </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Airline full-face sandblast hood (1 lb.) </div> <div style="width: 48%;"> <input type="checkbox"/> SCBA (20-40 lbs.) Self Contain Breath Apparatus </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Other (list): _____ </div> <div style="width: 48%;"> <input type="checkbox"/> Other (list): _____ </div> </div>		
Have you worn a respirator (circle one)? Yes No If "yes", list what type(s): _____ _____		

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OSHA Respirator Medical Evaluation Questionnaire

PART A: SECTION 2 - MANDATORY Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator. Please check (✓) YES or NO		
QUESTION	YES	NO
1. Do you <u>currently</u> smoke tobacco, or have you smoked tobacco in the last month?		
2. Have you <u>ever had</u> any of the following conditions?	YES	NO
a. Seizures (fits) [If yes, date of last seizure: _____]		
b. Diabetes (sugar disease): [Insulin Use ____ or Oral Medication ____]		
c. Allergic reactions that interfere with you breathing		
d. Claustrophobia (fear of closed-in places)		
e. Trouble smelling odors (except when you had a cold)		
3. Have you <u>ever had</u> any of the following pulmonary or lung problems?	YES	NO
a. Asbestosis		
b. Asthma		
c. Chronic bronchitis		
d. Emphysema		
e. Pneumonia		
f. Tuberculosis		
g. Silicosis		
h. Pneumothorax (collapsed lung)		
i. Lung cancer		
j. Broken ribs		
k. Any chest injuries or surgeries		
l. Any lung problem that you have been told about		
4. Do you <u>currently</u> have any of the following symptoms of pulmonary or lung illness?	YES	NO
a. Shortness of breath		
b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline.		
c. Shortness of breath when walking with other people at an ordinary pace on level ground.		
d. Have to stop for breath when walking at your own pace on level ground		
e. Shortness of breath when washing or dressing yourself		
f. Shortness of breath that interferes with your job		
g. Coughing that produces phlegm (thick sputum)		
h. Coughing that wakes you early in the morning		
i. Coughing that occurs mostly when you are lying down		

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j. Coughing up blood in the last month		
k. Wheezing		
l. Wheezing that interferes with your job		
m. Chest pain when you breathe deeply		
n. Any other symptoms that you think may be related to lung problems		

OSHA Respirator Medical Evaluation Questionnaire

PART A: SECTION 2 – MANDATORY (continued) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator. Please check (✓) YES or NO		
5. Have you <u>ever had</u> any of the following cardiovascular or heart problems?	Yes	No
a. Heart attack		
b. Stroke		
c. Angina		
d. Heart failure		
e. Swelling in your legs or feet (not caused by walking)		
f. Heart arrhythmia (heart beating irregularly)		
g. High blood pressure		
h. Any other heart problem that you have been told about		
6. Have you <u>ever had</u> any of the following cardiovascular or heart symptoms?	Yes	No
a. Frequent pain or tightness in your chest		
b. Pain or tightness in your chest during physical		
c. Pain or tightness in your chest that interferes with your job		
d. In the past two years, have you noticed your heart skipping or missing a beat		
e. Heartburn or indigestion that is not related to eating		
f. Any other symptoms that you think may be related to heart or circulation problems		
7. Do you <u>currently</u> take medication for any of the following problems?	Yes	No
a. Breathing or lung problems		
b. Heart trouble		
c. Blood pressure		
d. Seizures		
If yes to any of the above, list medications:		
8. Has your wearing a respirator caused any of the following problems? If you have never used a respirator, check the following space _____ and go to question 9. If you have used a respirator, have you ever had any of the following problems?	Yes	No

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a. Eye irritation		
b. Skin allergies or rashes		
c. Anxiety that occurs only when you use the respirator		
d. Unusual weakness or fatigue		
e. any other problem that interferes with your use of a respirator		
9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire.		

OSHA Respirator Medical Evaluation Questionnaire

PART A: SECTION 2 – MANDATORY (continued) Questions 10 to 15 below must be answered by every employee who has been selected to use wither a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.		
QUESTION	Yes	No
10. Have you <u>ever</u> lost vision in either eye (temporarily or permanently)		
11. Do you <u>currently</u> have any of the following vision problems?	Yes	No
a. Wear contact lenses		
b. Wear glasses		
c. Color blind		
d. Any other eye or vision problem		
12. Have you <u>ever had</u> an injury to your ears, including a broken eardrum?		
13. Do you <u>currently</u> have any of the following hearing problems?	Yes	No
a. Difficulty hearing		
b. Wear a hearing aid		
c. Any other hearing or ear problem		
14. Have you <u>ever had</u> a back injury?	Yes	No
15. Do you <u>currently</u> have any of the following musculoskeletal problems?		
a. Weakness in any of your arms, hands, legs, or feet		
b. Back pain		
c. Difficulty fully moving your arms and legs		
d. Pain or stiffness when you lean forward or backward at the waist		
e. Difficulty fully moving your head up and down		
f. Difficulty fully moving your head side to side		
g. Difficulty bending at your knees		
h. Difficulty squatting to the ground		
i. Difficulty climbing a flight of stairs or a ladder carrying more than 25 lbs.		
j. Any other muscle or skeletal problem that interferes with using a respirator		

OSHA Respirator Medical Evaluation Questionnaire

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PART B		
Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.		
QUESTION	Yes	No
1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen?		
If “yes”, do you have feeling of dizziness, shortness of breath, pounding in your chest, or other symptoms when you are working under these conditions?		
2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals?		
If “yes”, name the chemicals if you know them:		
3. Have you <u>ever</u> worked with any of the materials, or under any of the conditions, listed below?	Yes	No
a. Asbestos		
b. Silica (e.g., in sandblasting)		
c. Tungsten/cobalt (e.g., grinding or welding this material)		
d. Beryllium		
e. Aluminum		
f. Coal (for example, mining)		
g. Iron		
h. Tin		
i. Dusty environments		
j. any other hazardous exposures		
If “yes”, describe these exposures		
4. List any second jobs or side businesses you have:		
5. List your previous occupations:		
6. List your current and previous hobbies:		

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QUESTION	Yes	No
7. Have you been in the military services?		
If “yes”, were you exposed to biological or chemical agents (either in training or combat)?		
8. Have you ever worked on a HAZMAT team?		

OSHA Respirator Medical Evaluation Questionnaire

PART B (continued)		
QUESTION	Yes	No
9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in the questionnaire, are you taking any other medications for any reason (including over-the-counter medications)?	Yes	No
If “yes”, name the medications if you know them:		
10. Will you be using any of the following items with you respirators(s)?	Yes	No
a. HEPA filters		
b. Canisters (for example, gas masks)		
c. Cartridges		
11. How often are you expected to use the respirator(s) Check (✓) “yes” or “no” for all answers that apply to you.	Yes	No
a. Escape only (no rescue)		
b. Emergency rescue only		
c. Less than 5 hours per week		
d. Less than 2 hours per day		
e. 2 to 4 hours per day		
f. Over 4 hours per day		
12. During the period you are using the respirator(s), is your work effort:	Yes	No
a. Light (less than 200 kcal per hour)	Yes	No
If “yes”, how long does this period last during the average shift?		
_____ hours _____ minutes		
Examples of “light” work effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs.) or controlling machines.		
b. Moderate (200 to 350 kcal per hour)	Yes	No
If “yes”, how long does this period last during the average shift?		
_____ hours _____ minutes		

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<p>Examples of “moderate” work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs. a level surface.</p>		
c. Heavy (above 350 kcal per hour)	Yes	No
If “yes”, how long does this period last during the average shift? _____ hours _____ minutes		
<p>Examples of “heavy” work are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).</p>		

OSHA Respirator Medical Evaluation Questionnaire

PART B (continued)		
QUESTION	Yes	No
13. Will you be wearing protective clothing and/or equipment?		
14. Will you be working under hot conditions (temperature exceeding 77°F)		
15. Will you be working under humid conditions?		
16. Describe the work you’ll be doing while you’re using your respirator(s):		
17. Describe any special or hazardous conditions you might encounter when you’re using your respirator(s) (for example, confined spaces, life-threatening gases):		
18. Provide the following information, if you know it, for each toxic substance that you’ll <u>be</u> exposed to when you’re using your respirator(s):		
Name of the first toxic substance:		
Estimated maximum exposure level per shift:		
Duration of exposure per shift:		
Name of the second toxic substance:		
Estimated maximum exposure level per shift:		
Duration of exposure per shift:		
Name of the third toxic substance:		
Estimated maximum exposure level per shift:		

SIX FLAGS NEW ENGLAND	
SUBJECT: RESPIRATORY PROTECTION	SAFETY REFERENCE MANUAL
SECTION: 30	
EFFECTIVE: January 2016	SUPERSEDES: ALL PREVIOUS
CFR #: 29 CFR 1910.134 – <i>Subpart I</i>	

Duration of exposure per shift:
The name of any other toxic substances that you'll be exposed to while using your respirator:
19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):

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OSHA's Model:
Manufacturer's Recommendation to Determine a Cartridge Service Life

Steps:

1. Obtain the following information: names of airborne contaminants <ul style="list-style-type: none"> • concentrations of those contaminants (in parts per million) • humidity in work area • work rate
2. Contact the manufacturer of the respirators you plan to use
3. Provide the manufacturer with the following information: <ul style="list-style-type: none"> • name of the respirator model • information from step 1
4. Request the cartridge service life as well as the exact objective information they relied upon to project that service life.
5. Create a written change schedule for the cartridges